

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: CLA MARION (0009916)
Address: 7504 W MARION, MILWAUKEE, WI 53216
License Status: REGULAR
Licensed/Certified/Registered 11/18/2002
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095524 **End Date:** 08/31/2005 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008829 Served 09/19/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(m)	FREEDOM FROM ABUSE		

Survey ID: 0091018 **End Date:** 07/29/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008591 Served 09/23/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS	07/26/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
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Adult Family Home

Enforcement History

Date: 09/14/2005	SOD #10008829	Appealed: No
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Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

Date: 09/18/2003	SOD #10008591	Appealed: No
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Sanctions

OTHER SANCTION

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Provider Inspection Summary
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Complaint History

Date Complaint Received: 07/20/2005

Date Investigation Completed: 08/31/2005

Subject Area(s)

ABUSE

Result

SUBSTANTIATED

SOD #

10008829

Date Complaint Received: 06/13/2005

Date Investigation Completed: 08/31/2005

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/03/2005

Date Investigation Completed: 08/22/2005

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE

ABUSE

ADMINISTRATION

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 07/01/2003

Date Investigation Completed: 07/16/2003

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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